

Please type a plus sign in this box:

+

PTO/SB/01 (3-97)

Approved for use through 6/30/98. OMB 0651-0032

Patent and Trademark Office; US DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION**
 Declaration submitted with or initial filing

 Declaration submitted after initial filing
Attorney Docket No.

First Named Inventor

Barry Reginald Hobson

COMPLETE IF KNOWN

Application No.

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ELECTRIC OSCILLATORY MACHINE*(Title of the Invention)*

the specification of which

 is attached hereto

or

 was filed on _____, as United States Application Number or PCT International Application Number:
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached
			YES	NO

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number (s)	Filing Date (MM/DD/YY)	<input type="checkbox"/>	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Please type a plus sign in this box:

+

PTO/SB/01 (3-97)

Approved for use through 6/30/98. OMB 0651-0032

Patent and Trademark Office, US DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION - Utility Or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the matter provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/AU2005/000207	02/17/2005	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 20915

Or

Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label Here

Name	Registration No.	Name	Registration No.
John E. McGarry	22,360	G. Thomas Williams	42,228
Joel E. Bair	33,356	Michael F. Kelly	50,859
Mark A. Davis	37,118		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

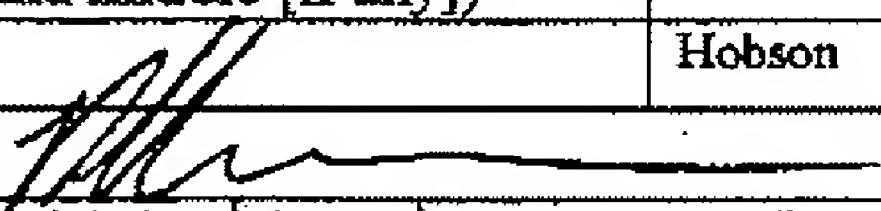
Direct all correspondence to Customer Number
or Bar Code Label **20915** or Correspondence Address below

Name	Joel E. Bair, Reg. No. 33,356 McGarry Bair PC				
Address	171 Monroe Avenue, NW, Suite 600				
City, State, Zip	Grand Rapids, Michigan 49503				
Country	US	Telephone	616-742-3500	Fax	616-742-1010

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 101 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])	Family Name or Surname				
Barry Reginald	Hobson				

Inventor's Signature						Dated 17/08/2006
----------------------	---	--	--	--	--	-------------------------

Residence: City	North Lake	State	Western Australia	Country	Australia	Citizenship	AU
-----------------	------------	-------	-------------------	---------	-----------	-------------	----

Post Office Address	4 Giddens Court						
---------------------	-----------------	--	--	--	--	--	--

City	North Lake	State	Western Australia	Zip	6163	Country	Australia
------	------------	-------	-------------------	-----	------	---------	-----------

Additional inventors are being named on the one supplemental additional inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign in this box:

+

PTO/SB/02A (3-97)

Approved for use through 6/30/98. OMB 0651-0032

Patent and Trademark Office, US DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname			
Angelo			Paolicello			
Inventor's Signature	<i>A. Paolicello</i>				Dated	
Residence: City	Sawyers Valley	State	Western Australia	Country	Australia	Citizenship
Post Office Address	Lot 10 Bambrook Street					
City	Sawyers Valley	State	Western Australia	Zip	6074	Country
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname			
Inventor's Signature					Dated	
Residence: City		State		Country		Citizenship
Post Office Address						
City		State		Zip		Country
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname			
Inventor's Signature					Dated	
Residence: City		State		Country		Citizenship
Post Office Address						
City		State		Zip		Country
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname			
Inventor's Signature					Dated	
Residence: City		State		Country		Citizenship
Post Office Address						
City		State		Zip		Country
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname			
Inventor's Signature					Dated	
Residence: City		State		Country		Citizenship
Post Office Address						
City		State		Zip		Country